

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09/606582</div>	FILING DATE				
							APPLICANT(S)					
CLAIMS												
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
IND.	DEP.	IND.	DEP.	IND.	DEP.	*		*		*		
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TOTAL IND.	20											
TOTAL DEP.	4											
TOTAL CLAIMS	24											
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*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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